

# L19000 220800

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

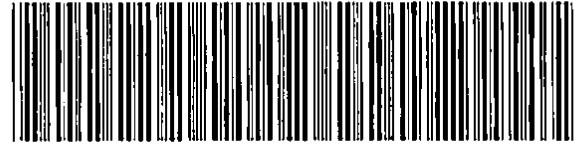
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 10 2019



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09/10/19--01001--010 \*\*375.00

DEPT. OF REVENUE  
DIVISION OF TAXATION  
MAIL ROOM  
SEP 10 2019 11:11 AM

19 SEP -9 PM 4:23

19 SEP -9 PM 1:18

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SEP 10 2019 11:11 AM

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INVER ADMINISTRATIVE SERVICES LLC

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File 125 \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: Seth \_\_\_\_\_ 09/09/19 \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

INVER ADMINISTRATIVE SERVICES LLC

**ARTICLE II – Address:**

The mailing and street address of the principal office of the Limited Liability Company is:

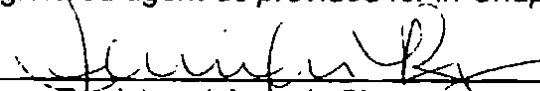
121 Alhambra Plaza  
Suite 1209  
Coral Gables, FL 33134

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Ruz & Ruz PL  
7355 SW 87<sup>th</sup> Avenue  
Suite 200  
Miami, FL 33173

*Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

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19 SEP -9 PM 1:12  
CLERK OF THE COURT  
DADE COUNTY, FLORIDA

**ARTICLE IV – Managers**

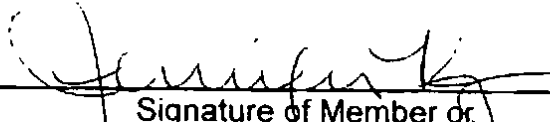
The name and address of each person authorized to manage and control the Limited Liability Company are:

Title:  
MGR

Name and Address:  
Richard Valdes  
121 Alhambra Plaza  
Suite 1209  
Coral Gables, FL 33134

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**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of Member or  
Authorized Representative of a Member

*This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Typed or Printed Name of Signee: Jennifer Ruz

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19 SEP -9 PM 1:18  
TALLAHASSEE  
FLORIDA